

Group Emergency Travel Medical Coverage Summary

Clients of BeniPlus



Coverage

The information below summarizes your Emergency Travel Medical Insurance coverage. It contains important Information with respect to certain eligibility and benefit limits that apply to **your** coverage, but it does not reference all of the terms, conditions, limitations, and exclusions. Please refer to the policy for complete details. All amounts indicated are in Canadian currency, unless otherwise stated.

Emergency Travel Medical Insurance covers the reasonable and customary charges incurred as a result of **treatment** required by an **insured person** due to a **medical emergency** during a covered **trip** after leaving their province or territory of residence. Benefits are provided in excess of the **insured person's** government health insurance plan or by any other insurance plan under which they are covered.

The most **we** will pay for all benefits combined under the Emergency Medical Insurance Benefit, for each **insured person** for each covered **trip**, is limited to the amount shown in the Schedule of Benefits and must show as "Included."

Policyholder Name	Clients of BeniPlus
Effective Date	January 1, 2025 to January 1, 2026
Policy Number	8452466
Class Description	Class I: All Active employees of the policyholder . Individual plan Class II: All Active employees of the policyholder . Family Plan
Termination	Age 70
Covered Trip	While on the business of the policyholder and while on leisure trips.
Covered Trip Duration	Up to 90 days.
Pre-Existing Medical Condition	90 Days
Emergency Medical Treatment	Option 1: \$1,000,000 Option 2: \$2,000,000
Hospital Allowance	\$150 per day to a maximum of \$500
Paramedical Services	\$300 per practitioner for up to 180 days
Ground Ambulance	Included in Emergency Medical Insurance Limit up to a maximum of \$10,000
Emergency Dental Treatment	a. \$2,000 b. \$300
Medical Evacuation	Included in Emergency Medical Insurance Limit up to a maximum of \$300,000
Expense to return to Trip Destination	Round-trip economy airfare up to a maximum of \$1,000
Bedside Companion	Round-trip economy airfare and up to \$1,500 for meals and accommodation
Meals and Accommodation	\$200 per day to a maximum of \$2,000
Repatriation of Remains	a. \$15,000 b. \$5,000
Return of Dependent Children	One-way economy airfare up to a maximum of \$1,000
Childcare	\$75 per day to a maximum of \$500
Return of Travel Companion/Business Colleague	One-way economy airfare up to a maximum of \$1,000
Return of Excess Baggage	\$500
Vehicle Return	\$1000
Return of Dog or Cat	\$500



Important Definitions

Departure date means the date an **insured person** leaves their province or territory of residence to commence a **trip**.

Injury means sudden bodily harm sustained by an **insured person**, caused by external and accidental means, while this coverage is in effect resulting in a **covered loss**, and is independent to all other causes, including **sickness** or disease.

Insured person means any person who has insurance under the terms of this policy as shown in the Declarations Page under the section for Eligibility and Classification of Insured Persons. It may include the insured's spouse or child(ren) if a plan covering the spouse or child(ren) is selected.

Medical condition means any **sickness, injury**, disease, or any symptom or complications of pregnancy within the first thirty-one (31) weeks of pregnancy.

Medical emergency means an unforeseen **sickness** or **injury** that occurs during a **trip** and that requires immediate **treatment**. A medical emergency ends when the evidence reviewed by Zurich Travel Assist indicates that no further **treatment** is required at the **insured person's** destination or they are able to return to their province or territory of residence for further **treatment**.

Return date means the date the **insured person** is scheduled to return from any **trip**.

Sickness means illness, disease or any symptom related to that illness or disease.

Treatment means hospitalization, medical, therapeutic, diagnostic or surgical services or procedures prescribed, performed or recommended by a physician or other licensed medical practitioner including, but not limited to, prescribed medication, investigative testing and surgery related to any medical condition, **injury**, or **sickness**.

Trip means a trip an **insured person** undertakes during the policy period as shown on the Declarations Page while they are travelling to participate in the sanctioned activities of the policyholder, and if also defined in the Declarations Page, for leisure trips:

- a. outside their province or territory of residence if the Out of Province plan is purchased and shown as "Included" in the Schedule of Benefits;
- b. outside their country of residence if the Out of Country plan is purchased and shown as "Included" in the Schedule of Benefits;
- c. outside their province or territory of residence if both the Out of Country plan and Out of Province plan is purchased and shown as "Included" in the Schedule of Benefits.

We, us, our and the **Company** refers to Zurich Insurance Company Ltd.

You and **your** refers to the individual insured who is eligible for coverage under this policy and is also included in the definition of **insured person**.



Emergency Medical Insurance Summary of Benefits

Expenses For Emergency Medical Treatment (Out of Province Plan and Out of Country Plan)

If shown as "Included" on the Schedule of Benefits, the Out of Province Plan will cover losses occurring within Canada but outside of **your** province or territory of residence up to the amount shown in the Schedule. If the Out of Country Plan is shown as "Included" than any losses occurring outside of Canada will be covered. If both Plans are shown as "Included", the most **we** will pay for all benefits combined under the Emergency Medical Insurance for each **insured person**, per **trip** will be shown on the Schedule of Benefits.

Coverage for the reasonable and customary charges for emergency medical **treatment** expenses include: medical care from a physician, the cost of a semi-private hospital room, services of a private duty nurse in hospital, the rental or purchase of ambulatory aids and medical appliances such as a wheelchair, tests to determine a diagnosis, and drugs which are prescribed by a physician or dentist.

Hospital Allowance

If **you** are hospitalized for at least 48 consecutive hours, incidental hospital expenses (telephone calls, television rental) will be covered up to the amount shown in the Schedule.

Paramedical Services

Expenses for **treatment** due to a **medical emergency** by a licensed physiotherapist, chiropractor, chiropodist or podiatrist will be covered up to the maximum limit per practitioner, for up to 180 days after the **medical emergency**.

Ground Ambulance

The reasonable and customary charges for transportation by a local licensed ambulance service to a hospital in the event of a **medical emergency** will be covered by this benefit. This also includes local taxi or ride sharing service fare in lieu of local ground ambulance service when it is medically required but not available.

Emergency Dental Treatment

If **you** suffer from an accidental blow to the mouth during **your trip**, **we** will pay for the **reasonable and customary charges** to repair or replace **your** natural or permanently attached artificial teeth up to the amount stated in the Schedule. If **you** require emergency dental **treatment**, this benefit will cover expenses incurred for the relief of dental pain from a licensed dentist up to the amount stated in the Schedule.

Medical Evacuation

If the attending physician or Zurich Travel Assist's medical advisors recommend that **you** must return to **your** province or territory of residence due to a **medical condition** or following a **medical emergency**, **we** will cover the extra cost of economy class airfare, stretcher airfare on a commercial flight if medically necessary, return economy class airfare for a medical attendant if medically necessary, or the cost of an air ambulance if required.

Return to Trip Destination

If **you** are returned to **your** province or territory of residence to receive medical attention under the Medical Evacuation Expenses Benefit, and **your** attending physician determines that **you** do not require further **treatment** for your **medical condition**, **we** will cover the cost of one-way economy class airfare to return **you** to **your** scheduled trip destination.

Bedside Companion

If **you** are travelling alone and are hospitalized for 3 or more days during **your trip** due to a **medical emergency** and **you** require a bedside companion, **we** will cover: the return economy class airfare for someone to join **you**, accomodation and meals for that person, and will provide Emergency Medical Insurance for **your** bedside companion until **you** are medically fit to return to **your** province or territory of residence.

Meals and Accomodation

If a **medical emergency** prevents **you** or **your** travel companion/business colleague from returning to **your** province or territory of residence or if **you** or **your** travel companion/business colleague require a transfer to a location which is different from **your** original destination, **we** will reimburse the **insured person** up to the daily maximum shown in the Schedule for their total cost for meals, hotel and taxi or ride sharing service. This must be pre-authorized by Zurich Travel Assist.

Repatriation of Remains

If an **insured person** dies during a **trip** due to a **medical emergency**, **we** will provide the maximum limit shown in the Schedule of benefits for one of the following options:

- Preparation of the body where they die and cover the cost of the standard transportation container normally used by the common carrier in addition to the return of the body to the province or territory of residence;
- Preparation of the body and the cost of a standard burial container, in addition to \$5,000 for their burial where death occurs;
- Cremate the body where they die and the cost of returning the ashes to their province or territory of residence.

If someone is legally required to identify the body and must travel to the location where death occurred, **we** will pay for the return economy class airfare and up to the maximum limit shown in the Schedule for that person's hotel and meal expenses. Emergency Medical Insurance under the same terms and limitations will also be provided for that person up to 72 hours.

Return of Dependent Children

If **you** are travelling with **your** dependent children and are admitted to a hospital for more than 24 hours, or must return to **your** province or territory of residence because of a **medical emergency**, **we** will cover the extra cost of a one way economy airfare to return **your** children to **your** province or territory of residence. Return economy class airfare for a qualified escort will be provided if required by the airline. Dependent children must be under **your** care during the covered **trip**.

Childcare

If **you** are travelling with **your** children and are hospitalized as an inpatient during **your trip**, **we** will cover the costs for childcare incurred for **your** children to remain at destination with **you** up to the maximum amount stated in the Schedule.

Return of Travel Companion/Business Colleague

We will cover the extra cost of one-way economy class airfare to return **your** travel companion/business colleague (who is travelling with **you** at the time of your **medical emergency** and who is insured under a travel insurance plan issued by **us**) to their province or territory of residence, if **you** return to their province or territory of residence under the Medical Evacuation Expenses Benefit or are repatriated under the Expenses Related to Repatriation of Remains Benefit. This must be pre-authorized by Zurich Travel Assist.

Return of Excess Baggage

If **you** have returned to **your** province or territory of residence under the Medical Evacuation Expenses Benefit or are repatriated under the Repatriation of Remains Benefit, **we** will cover the cost to return **your** baggage to **your** home, up to the maximum amount stated in the Schedule.

Return of Vehicle

If **you** are unable to drive the vehicle which **you** used during **your** covered **trip** back to its point of origin due to a **medical emergency**, **we** will pay the expenses to return the vehicle to the commercial rental agency up to the maximum amount stated in the Schedule. This must be pre-authorized by Zurich Travel Assist.

Return of Dog or Cat

If **your** dog or cat travel with **you** on **your trip** and **you** need to return to **your** province or territory of residence under the Medical Evacuation Expenses Benefit or are repatriated under the Repatriation of Remains Benefit, **we** will cover the cost of one-way transportation up to the maximum limit in the Schedule of Benefits.



Emergency Medical Insurance Exclusions

In addition to the General Travel Benefits Exclusions, this policy does not pay for any **treatment**, service, expense or benefit arising from, caused by, contributing to, relating to, or resulting from, whether directly or indirectly, any one or more of the following:

1. Expenses that exceed the reasonable and customary charges where the **medical emergency** occurs.
2. Expenses that exceed 80% of the cost **we** would normally have paid under this policy if the **insured person** does not, or someone on their behalf does not, contact Zurich Travel Assist at the time of the **medical emergency**.
3. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies, cardiac catheterization, angioplasty or cardiovascular surgery including any associated diagnostic test or charge unless approved in advance by Zurich Travel Assist prior to being performed. All surgery must be authorized by Zurich Travel Assist prior to being performed except in extreme circumstances where a request for prior approval would delay surgery needed in a life-threatening medical crisis.
4. Any non-emergency, investigative or elective treatment such as cosmetic surgery, chronic care, rehabilitation, or any directly or indirectly related complications.
5. The continued **treatment** of a **medical condition** when the **insured person** has already received **treatment** for that **medical condition** during their **trip** and Zurich Travel Assist's medical advisors or our medical advisors determine that their **medical emergency** has ended.
6. A **medical condition** that meets any of the following criteria:
 - a. When the **insured person** knew, or for which it was reasonable to expect before they left to their province or territory of residence, or before the effective date of coverage, that they would need or be required to seek treatment for that **medical condition**.
 - b. A **medical condition** for which future investigation or **treatment** was planned before the **insured person** left their province or territory of residence.
 - c. A **medical condition** that produced symptoms that would have caused an ordinarily prudent person to seek **treatment** in the three months before the **insured person** left their province or territory of residence.
 - d. A **medical condition** that had caused the **insured person's** physician to advise them not to travel.
 - e. A **medical condition** that is the result of the **insured person** not following **treatment** as prescribed

including prescribed medication, **treatments**, and therapy.

7. A **medical emergency** resulting from: mountain climbing requiring the use of specialized equipment, including carabineers, crampons, pick axes, anchors, bolts and lead-rope or top-rope anchoring equipment to ascend or descend a mountain; rock-climbing; parachuting, skydiving, hang-gliding or using any other air-supported sporting device; participating in a motorized speed contest; or the insured person's professional participation in a sport, snorkeling or scuba-diving when that sport, snorkeling or scuba-diving is the **insured person's** principal paid occupation.
8. If the **insured person** specifically purchased this policy to obtain such **treatment** or services, whether or not it was authorized by a physician.
9. Intoxication, the misuse, abuse, overdose of, or chemical dependence on medication, drugs, alcohol or other intoxicant.
10. The **insured person's**:
 - a. routine prenatal care;
 - b. pregnancy or childbirth or complications thereof when they happen in the nine weeks before or after the expected date of delivery;
 - c. child born during the **trip**, or coverage for such child.
11. For insured children under two years of age, any **medical condition** related to a birth defect.
12. Any benefit that must be authorized or arranged in advance by Zurich Travel Assist when it has given no authorization or made no arrangement for that benefit.
13. Any **medical emergency** that occurs or recurs after our medical advisors recommend that the **insured person** return to their province or territory of residence following **treatment**, and they choose not to.
14. Death or injury sustained while piloting an aircraft, learning to pilot an aircraft, or acting as a member of an aircraft crew.
15. For policy extensions or top ups: any **medical condition** that first appeared, was diagnosed or treated after the scheduled **departure date** and prior to the effective date of the insurance extension or top up.
16. Any loss or any medical condition the **insured person** suffers or contracts in a specific country, region or city when a Government of Canada Travel Advisory, issued before their **departure date**, advises Canadians to avoid all or non-essential travel to that specific country, region or city. In this Exclusion, "medical condition" is limited, related or due to the reason for the Travel Advisory.

If the Travel Advisory is issued after the **insured person's departure date**, their coverage under this Emergency Medical Insurance Benefit in that specific country, region or city will be limited to a period of ten days from the date the Travel Advisory was issued, or to a period that is reasonably necessary for them to safely evacuate the country, region or city.
17. Any act of terrorism directly or indirectly caused by, resulting from, arising out of, or that is in connection with biological, chemical, nuclear, or radioactive means.



General Travel Benefit Exclusions

In addition to the exclusions for specific benefits listed above, this policy does not pay for any **treatment**, service, expense or benefit arising from, caused by, contributing to, relating to, or resulting from, whether directly or indirectly, any one or more of the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of auto-eroticism or auto-erotic asphyxiation, unless medical evidence establishes that the Injuries are related to a mental health illness.
2. An act of war.
3. Involvement in any type of active military service.
4. Participation in the commission or attempted commission of a crime, any felony, an assault, insurrection, or riot.
5. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
6. Being intoxicated while operating a motor vehicle.

- a. The **insured person** will be conclusively presumed to be intoxicated if the level of alcohol or drugs or both in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of their intoxication.
7. Being under the influence of any prescription drug, controlled substance or cannabis, or hallucinogen, unless such prescription drug, controlled substance or cannabis, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.
 8. Travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
 9. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release.
 10. Alcoholism, drug addiction or the use of any drug or controlled substance or cannabis except as prescribed by a licensed medical provider operating within his or her scope of authority.
 11. Participation in any team sport or any other athletic activity as a professional.
 12. Any condition for which an **insured person** is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
 13. Riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
 14. Any payment or any service or benefit to any policyholder, **insured person**, beneficiary, or third party who may have any rights under this policy to the extent that such cover, payment, service, benefit, or any business or activity of the policyholder, the insured person, beneficiary, or third party would violate any applicable trade or economic sanctions law or regulation.



How to File a Claim

IN THE EVENT OF A MEDICAL EMERGENCY, CONTACT ZURICH TRAVEL ASSIST IMMEDIATELY

1 (877) 541-0127 (toll-free call from the USA or Canada)

or

1 (416) 649-2555 collect to Canada from anywhere else in the world.

Zurich Travel Assist is available to assist you 24 hours a day, each and every day of the year.

You must call Zurich Travel Assist before obtaining treatment, so that **we** may:

- confirm coverage; and
- provide pre-approval for **treatment**.

Please note that if the **insured person** or someone on their behalf does not call Zurich Travel Assist in a **medical emergency** and prior to **treatment**, the **insured person** will have to pay 20% of the eligible medical expenses **we** would normally pay under this policy. If it is medically impossible for the **insured person** to call when the **medical emergency** happens, **we** ask that someone call on their behalf.

If the **insured person** chooses to pay eligible expenses directly to a health service provider without prior approval by Zurich Travel Assist, eligible expenses will be reimbursed to the **insured person** based on the reasonable and customary charges that **we** would have paid directly to such provider. Medical charges that the **insured person** pays may be higher than this amount. Therefore, the **insured person** will be responsible for any difference between the amount they paid and the reasonable and customary charges reimbursed by us.

Notice and Proof of Claim

Claims must be reported within thirty (30) days of occurrence of a claim arising under this policy. **Your** written notice of a claim must be sent to Zurich Travel Assist in one of the following ways, no later than thirty (30) days from the date a claim occurs under the policy on account of an accident, **sickness** or disability by:

- personal delivery or by sending it by registered mail to our head office in Ontario;

- personal delivery to our authorized agent in the province; or
- delivery by electronic means to: travelclaims@wtp.ca.

Proof of claim must be sent to Zurich Travel Assist within ninety (90) days of the date a claim has occurred or the service was provided.

Failure to Give Notice or Proof of Claim

Failure to give notice or proof of claim within the prescribed period does not invalidate the claim if the notice or proof is given or provided as soon as reasonably possible and in no event later than one (1) year from the date of the occurrence arising under this policy, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Provider Note

This document provides a brief description of the important features of the insurance program. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy. All claims under the policy will be adjudicated according to the events and circumstances of that particular claim pursuant to the terms and conditions of the policy and in compliance with applicable law, including law governing economic sanctions. This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Iran, Syria, Sudan, North Korea or the Crimea region. Possession of this document does not guarantee payment.

Data Sharing Consent

In order to provide a seamless insurance service globally, Zurich may transfer any data Zurich has received from and any data it holds on the policyholder to other units of Zurich Insurance Group Ltd, such as branches, subsidiaries, or affiliates within Zurich Insurance Group Ltd, cooperative partners of Zurich Insurance Group Ltd, coinsurance and reinsurance companies located in the country of the policyholder or abroad.

The recipient(s) will be required to maintain the confidentiality of the data to the same degree as required of the Zurich party that transferred it.

Zurich as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure Zurich' global insurance service delivery.

If a broker or agent is acting on behalf of the policyholder, Zurich is authorized to use, process and store data of the policyholder received from such broker or agent, and to forward to such broker or agent data of the policyholder relating to the execution of the Policy and the collection of premiums and payment of claims.

Zurich may procure data from government offices and third parties relating to the policyholder to assess a claim in the event of loss or damage.

Disclaimer

This letter constitutes Zurich Insurance Company Ltd's ("Zurich") summary of coverages and terms, which may differ from the coverages and terms requested or on the policy. Please note the terms and conditions of this letter form part of the policy which will be issued. Zurich reserves the right to modify the terms of this letter, including premium amounts, if any of the factors used as a basis for this quotation are incorrect or change, including new risks being added, existing risks changing or multi-line pricing efficiencies no longer applying. This letter will not be superseded by the Policy to be issued.

The Zurich logo and Zurich are trademarks of Zurich Insurance Company Ltd. This is intended as a general description of certain types of insurance and services available to qualified customers through Zurich Insurance Company Ltd in Canada. Nothing herein should be construed as a solicitation, offer, advice, recommendation, or any other service with regard to any type of insurance product underwritten by Zurich Insurance Company Ltd. Your policy is the contract that specifically and fully describes your coverage. The description of the policy provisions contained herein gives a broad overview of coverage and does not revise or amend the policy. Coverages and rates are subject to individual insured meeting our underwriting qualifications.

Privacy Consent Notice

By submitting the requested information, which may include, but is not limited to, an individual's name, address, date of birth, and medical information, you covenant and warrant that **you** have obtained the appropriate consent from such individual to disclose their personal information to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in **your** country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of such personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to,

risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You also covenant and warrant that you have obtained consent from the individual for Zurich's disclosure of their personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties").

Zurich is committed to protecting the privacy and confidentiality of information provided. Personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. Individuals may request to review the personal information Zurich maintains about them and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

Individuals may refuse to consent or withdraw their consent to the collection, storage, use, disclosure or processing of their personal information; however, their refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay any claim benefits payable under the policy.

Please contact the Zurich Privacy Officer for further information regarding the collection, use, disclosure, processing and storage of personal information or for any complaints via email at privacy.zurich.canada@zurich.com. Our Privacy Policy is available at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.

For the purpose of the *Insurance Companies Act* (Canada), this document was issued in the course of the Insurer's insurance business in Canada.

Signature

A handwritten signature in black ink, appearing to read "Alan Roy". The signature is written in a cursive, flowing style.

Head of Underwriting, Canada Authorized Representative